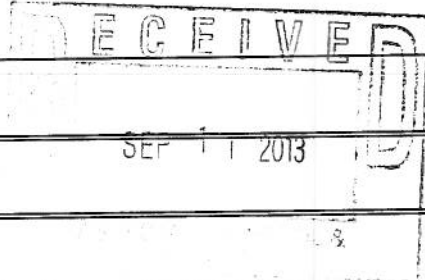


State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2013-330



Date of Notification (1) 10/9/10/4/13		Name of Building Owner/Operator (2) BARBARA ALTENBERG	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 215 ORCHARD STREET		City, State, Zip Code CRANFORD, NJ 07016	
Name of Contact BARBARA ALTENBERG		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BARBARA ALTENBERG			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 215 ORCHARD STREET			Square Feet # of Floors Bldg. Age		
City (5) CRANFORD	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 09/18/13		Sched. Completion Date (11) 09/30/13		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation  
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	30 L FT	<input checked="" type="checkbox"/>			
BASEMENT (14 LOCATIONS)		<input checked="" type="checkbox"/>		BARE HEATING PIPES	14 L FT			<input checked="" type="checkbox"/>	

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/19/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 09/04/13	

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

C&S Proj. #: 2013

Date of Notification (1) 10/9/10/14/11/13		Name of Building Owner/Operator (2) KATHY TOM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 34 VAN RIPER AVENUE		City, State, Zip Code CLIFTON, NJ 07012	
Name of Contact KATHY TOM		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) KATHY TOM			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 34 VAN RIPER AVENUE			Square Feet		
City (5) CLIFTON			# of Floors		
County (6) PASSAIC			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 09/06/13		Sched. Completion Date (11) 09/16/13		License Number 01169	
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours- Describe: \_\_\_\_\_

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf ☒ Renovation ☐ Full Containment w/negative pressure

☐ ≥160 sf or ≥260 lf ☐ Demolition ☒ Glovebag procedure

☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	20 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/07/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 09/04/2013	

Sep 4 2013 12:00pm

P001/001

D&S Proj. #: 2013

Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09/10/13		Name of Building Owner/Operator (2) KATHY TOM		<div style="border: 1px solid black; padding: 5px;"> <b>APPROVED</b>          NJ Dept. of Health &amp; Senior Services          (signature)          Date: 9/10/13 Time: 11:00       </div>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 34 VAN RIPER AVENUE City, State, Zip Code CLIFTON, NJ 07012	
		Name of Contact KATHY TOM		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) KATHY TOM			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 34 VAN RIPER AVENUE			Square Feet		
City (5) CLIFTON			County (6) PASSAIC	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 09/06/13		Sched. Completion Date (11) 09/16/13	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	20 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/07/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/04/2013

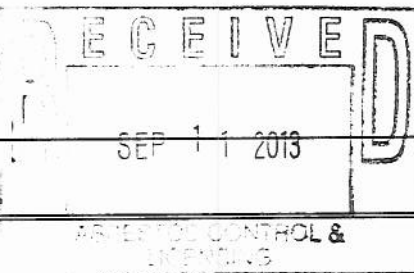
ASB-41

\* Do not use this form for asbestos licensure exempted activities.

05274

D&S Proj. #: 2013-332

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09/10/13		Name of Building Owner/Operator (2) allesta williams	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address 59 lenox street	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code newark, nj 07106	
		Name of Contact allesta williams	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) allesta williams			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 59 lenox street			Square Feet	# of Floors	Bldg. Age
City (5) newark	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 09/18/13		Sched. Completion Date (11) 09/30/13	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf      ☒ Renovation  
☐ ≥160 sf or ≥260 lf      ☐ Demolition

- ☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☐ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		BOILER INSULATION	38 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/19/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/05/13

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2013-333

Date of Notification (1) 09/10/13		Name of Building Owner/Operator (2) BRINKS CONSTRUCTION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 48LOOKER STREET		City, State, Zip Code HILLSIDE, NJ 07205	
Name of Contact ALISON LAMESRS		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RESIDENTIAL BUILDING			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 79 GRAHAM AVENUE			Square Feet		
City (5) METUCHEN			County (6) MIDDLESEX		# of Floors
County Code (7) (State use only)			Bldg. Age		
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 09/10/13		Sched. Completion Date (11) 09/26/13		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		X		PIPE INSULATION	41 L FT	X					

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/11/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 09/06/2013	

Sep 6 2013 01:16pm

P001/001

D&amp;S Proj. #: 2013-333

Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Health &amp; Senior Services

(signature)

9/6/13 Time: 1:12pm

Date of Notification (1) 09/10/13		Name of Building Owner/Operator (2) <b>BRINKS CONSTRUCTION</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>48 LOOKER STREET</b>		City, State, Zip Code <b>HILLSIDE, NJ 07205</b>	
Name of Contact <b>ALISON LAMESRS</b>		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>RESIDENTIAL BUILDING</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <b>79 GRAHAM AVENUE</b>			Square Feet # of Floors Bldg. Age		
City (5) <b>METUCHEN</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>D &amp; S RESTORATION, INC.</b>	
Street Address			Street Address <b>20 California Ave.</b>	
City, State, Zip Code			City, State, Zip Code <b>Paterson, NJ 07503</b>	
Project Manager for Monitoring Firm		Phone Number	Telephone Number <b>973-345-8020</b>	
Start Date (10) <b>09/10/13</b>		Sched. Completion Date (11) <b>09/26/13</b>	License Number <b>01169</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <b>NORMAL HOURS</b>			Name of OSHA Monitor <b>D &amp; S Restoration, Inc.</b>	
			Street Address <b>20 California Avenue</b>	
			City, State, Zip Code <b>Paterson, NJ 07503</b>	

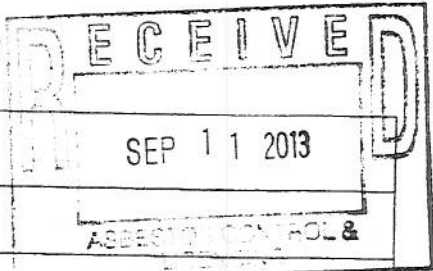
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥180 sf or ≥280 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	41 L FT	X			

Registered Waste Hauler <b>D &amp; S RESTORATION, INC.</b>		NJDEP Hauler ID# <b>13506</b>	Cubic Yards of Waste <b>1 YDS</b>	Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>	
City, State <b>PATERSON, NJ 07503</b>		Disposal Date <b>09/11/13</b>	City, State <b>TULLYTOWN, PA</b>		
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>		Title <b>PRESIDENT</b>	Signature		Date <b>09/06/2013</b>

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>9 / 6 / 13</u>		Name of Building Owner/Operator (2) <u>Exelis Inc</u>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   SEP 11 2013   <b>ASBESTOS CONTROL &amp;</b> </div>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 River Rd</u>							
		City, State, Zip Code <u>Clifton NJ 07014</u>							
		Name of Contact <u>Angelo Ridente</u>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Exelis Inc</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <u>77 River Rd</u>									
City (5) <u>Clifton</u>		Square Feet <u>120,000</u>		# of Floors <u>2</u>	Bldg. Age <u>+50</u>				
County (6) <u>Passaic</u>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <u>R + D</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>Bureau Veritas</u>		ASCM No.		Name of Abatement Contractor (9) <u>Affiliated Environmental Services NJ INC.</u>					
Street Address <u>110 Field Crest Rd 4th Fl. Raritan Plaza</u>		Street Address <u>450 S. River St</u>							
City, State, Zip Code <u>Edison NJ 08837</u>		City, State, Zip Code <u>Hackensack NJ 07601</u>							
Project Manager for Monitoring Firm <u>Doug McGarrity</u>		Telephone No. <u>732-225-6040</u>		License No. <u>0114</u>					
Start Date (10) <u>9 / 20 / 13</u>		Scheduled Completion Date (11) <u>9 / 21 / 13</u>		Name of OSHA Monitor <u>Omega Environmental</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM - <u>      </u> PM / <u>5</u> PM - <u>1</u> AM				Street Address <u>280 Huyler St.</u>					
				City, State, Zip Code <u>S. Hackensack NJ 07606</u>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>1st level various locations</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>VAT</u>	<u>60 sf</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <u>Global Waste Industries</u>		NJDEP Waste Hauler ID No. <u>NJ 804</u>		Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Minerva Enterprises Inc</u>				
City, State <u>Hackensack NJ</u>		Disposal Date <u>9-23-13</u>		City, State <u>Waynesburg OH 44688</u>					
Completed By (Print or Type) <u>J R Dombroski</u>		Title <u>VP Operations</u>		Signature <u>JR Dombroski</u>		Date <u>9-6-13</u>			

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>8 / 30 / 13</u>		Name of Building Owner/Operator (2) <u>KTR NJ III</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 Barr Harbor Dr.</u> City, State, Zip Code <u>Conshohocken Pa. 19428</u> Name of Contact <u>Frank Ryan</u> Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>275 Omar Ave</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <u>Avenel</u>			
City (5) <u>Middlesex</u>		Square Feet <u>380,760</u>	# of Floors <u>2</u> Bldg. Age <u>35</u>
County (6)		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <u>Bioterra Environmental Solutions</u>		Name of Abatement Contractor (9) <u>Affiliated Environmental Services Inc.</u>	
Street Address <u>PO Box 1224</u>		Street Address <u>450 S. River St.</u>	
City, State, Zip Code <u>Union NJ 07083</u>		City, State, Zip Code <u>Hackensack NJ 07601</u>	
Project Manager for Monitoring Firm <u>Rick Evstaguino</u>		Telephone No. <u>201-931-0313</u>	License No. <u>01148</u>
Start Date (10) <u>9 / 12 / 13</u>	Scheduled Completion Date (11) <u>12 / 15 / 13</u>	Name of OSHA Monitor <u>Omega Environmental</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <u>280 Huyler St.</u> City, State, Zip Code <u>S. Hackensack 07606</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <i>(see attached letter)</i>			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
warehouse Stairwell	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT	260 sf
closet in locker room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe elbow insulation	6 lf
Roof over warehouse	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Transite in Roof Panel	275,000 sf
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler <u>Express Waste Services LLC</u>	NJDEP Waste Hauler ID No. <u>NJ 804</u>	Cubic Yards of Waste <u>6500</u>	Name of Registered Landfill <u>Minerva Enterprises Inc.</u>
City, State <u>Newark NJ</u>		Disposal Date <u>9/13-10/13</u>	City, State <u>Waynesburg OH</u>
Completed By (Print or Type) <u>Robert Dombroski</u>	Title <u>VP operation/sales</u>	Signature <u>Robert Dombroski</u>	Date <u>9/30/13</u>